

REQUEST FOR RELEASE OF COPIES OF INDIVIDUAL INCOME TAX RETURNS

DATE:			
I HEREBY AUTHORIZE YOU TO PROVIDE	_LIABILITY IN REGARD TO DISCLOSURE OF TH	E INFORMATION.	
Social Security Number:	TAX YEAR(S):		
Name:			
Address:			
City, State, Zip:			
Signature:	***********	********	
STATE OF	COUNTY OF		
Before me, the undersigned authority, on this day pe to me to be the person whose name is subscribed to same was executed for the purpose therein expresse	ersonally appearedthe foregoing authorization and who, after being by m	, known	
SUBSCRIBED and SWORN to me, a Notary Public,	on the day of	, 20	
My Commission Expires:		Notary Public Signature	
The "Mississippi Public Records Act of 1983" required Payments must be in the form of cash, a cashier's recommend you send cash through the mail. The We will return this document with the charge shown be	check or money order. We do not accept person charge for copies is \$2.00 for the first page and pelow. Please allow 10 days for processing to request	nal checks for copies. We do not d \$.50 for each additional page. st.	
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